

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**=62-026128**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

**042**

Primary Registration District No.

**1000**

Registrar's No.

**897**

**FILED AUG 13 1962**

**1. PLACE OF DEATH**

a. COUNTY **Buchanan**

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **St. Joseph,**

Length of stay in 1b  
**25 years**

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **509 North Noyes**

Inside Limits  
Yes ☒ No ☐

**2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)**

a. STATE **Missouri** b. COUNTY **Buchanan**

c. CITY OR TOWN **St. Joseph,**

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
**509 North Noyes**

Reside on Farm  
Yes ☐ No ☒

**3. NAME OF DECEASED**

First

Middle

Last

**LLOYD**

**B.**

**LAWRENCE**

**4. DATE OF DEATH**

Month

Day

Year

**July**

**31**

**1962**

**5. SEX**

**Male**

**6. COLOR OR RACE**

**White**

**7. Married**

☒ Never Married ☐ Widowed ☐ Divorced ☐

**8. DATE OF BIRTH**

**May 23, 1907**

**9. AGE (last birthday)**

**55**

**IF UNDER 1 YEAR IF UNDER 24 HR**

Months Days Hours Min.

**10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)**

**Owner & Manager**

**10b. KIND OF BUSINESS OR INDUSTRY**

**Service Station**

**11. BIRTHPLACE (City and state or country)**

**Monroe City, Mo.**

**12. CITIZEN OF WHAT COUNTRY**

**U.S.A.**

**13a. FATHER'S NAME**

**James O. Lawrence**

**13b. MOTHER'S MAIDEN NAME**

**Minnie Floyd**

**14. NAME OF HUSBAND OR WIFE**

**Dorothy F. Lawrence**

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?**

(Yes, no, or unknown) **No**

**16. SOCIAL SECURITY NO.**

[Redacted]

**17. INFORMANT**

**Address**

**Mrs. Dorothy F. Lawrence-St. Joseph,**

**18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:**

**IMMEDIATE CAUSE (a)**

**Uremia**

**INTERVAL BETWEEN ONSET AND DEATH**

**1 wk.**

**DUE TO (b)**

**Sept pyelonephritis**

**1 year**

**DUE TO (c)**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

**PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)**

**Coronary Heart Disease**

**PART III. If deceased was female was there a pregnancy in last 90 days.**

☐ Yes ☐ No ☐ Unknown

**19. WAS AUTOPSY PERFORMED?**

YES ☐ NO ☒

**20a. ACCIDENT**

☐

**SUICIDE**

☐

**HOMICIDE**

☐

**20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)**

**20c. TIME OF INJURY**

Hour a.m. p.m. Month, Day, Year

**20d. INJURY OCCURRED WHILE AT WORK**

☐ NOT WHILE AT WORK ☐

**20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)**

**20f. CITY, TOWN, OR LOCATION**

**COUNTY**

**STATE**

**21. I attended the deceased from Jan 1952 to July 1-62 and last saw her alive on July 29-62**  
Death occurred at **2:45 AM** m on the date stated above, and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE**

**(Degree or title)**

**J. F. Chiarotello, MD**

**22b. ADDRESS**

**Doctors Bldg - St Joseph Mo**

**22c. DATE SIGNED**

**8-3-62**

**23a. BURIAL, CREMATION, REMOVAL (Specify)**

**Burial**

**23b. DATE**

**Aug. 2, 1962**

**23c. NAME OF CEMETERY OR CREMATORY**

**Memorial Park Cemetery**

**23d. LOCATION (City, town, or county)**

**St. Joseph, Missouri**

**24. FUNERAL DIRECTOR**

**ADDRESS**

**Meierhoffer-Fleeman Inc., St. Joseph, Mo.**

**25. DATE RECD. BY LOCAL REG.**

**Aug. 8, 1962**

**26. REGISTRAR'S SIGNATURE**

**Mrs. Clark Handell**

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

*J. F. Chiarotello, MD*

VS 300  
Rev. 4/59

**15117**

**25117**

**3**

**4 0**

**5 1**

**6**

**7 0**

**8 2**

**96000**

**10**

**11**

**12 90-0**

**13 1-0**

OCT 10 1962

Permit issued 8/2/62

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Raymond H. Moore*

Licensed Embalmer No.

*5147*

P. O. Address

*St Joseph Ho*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.